



STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdcc@pdcc.wa.gov • Website: www.pdca.wa.gov

MEMORANDUM

TO: Philip E. Stutzman, Director of Compliance
FROM: Vicki Rippie, Executive Director
DATE: December 28, 2005
SUBJECT: Complaint Against Nick Federici, Lobbyist

RCW 42.17.150 requires lobbyists, before doing any lobbying, or within thirty days after being employed as a lobbyist, whichever occurs first, to register by filing with the commission a lobbyist registration statement, in such detail as the commission shall prescribe. The required elements of the registration are detailed on PDC form L-1. Each lobbyist who has registered shall file a new registration statement, revised as appropriate, on the second Monday in January of each odd-numbered year, and failure to do so shall terminate his registration.

RCW 42.17.170 requires lobbyists registered under RCW 42.17.150 and any person who lobbies to file with the commission periodic reports of his or her activities signed by the lobbyist. The reports shall be made in the form and manner prescribed by the commission (PDC form L-2). They shall be due monthly and shall be filed within fifteen days after the last day of the calendar month covered by the report.

Summary: Nick Federici has been a registered lobbyist since 1997. At the end of 2004, he was registered and reporting for nine clients. By January 10, 2005, he was required to file a new registration statement, revised as appropriate, for each continuing or new client. By January 10, Mr. Federici had registered for one of his prior year's clients.

Mr. Federici did not timely file a monthly L-2 report for January, and on March 8, 2005, received a warning letter. The letter reminded him that an L-2 report for January was required to be filed by February 15, 2005. The correspondence included the Commission's "Brief Enforcement Penalty Schedule" for lobbyists and urged him to give the matter his immediate attention and to ensure that all future reports were timely filed.

On April 5, 2005, Mr. Federici filed his January, February and March L-2 reports, in time to avoid enforcement for his late-filed February L-2 report.

EXHIBIT #1

1 of 2



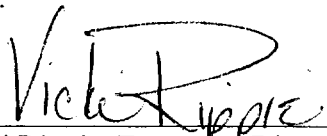
When the three reports were filed, it was noted that the L-2 reports included reportable information for ten clients, even though he had only re-registered for one client. Mr. Federici was contacted by telephone and asked to file the missing lobbyist registrations. When the missing registrations were not filed, he was contacted again and asked to appear at the offices of the Public Disclosure Commission to explain why he had not registered for nine of his clients. At a meeting with PDC staff on September 27, Mr. Federici was told to file the missing lobbyist registrations immediately. On October 20, 2005, eight of the nine registrations were filed 290 days late, and on November 10, the final missing L-1 was filed 311 days late.

Mr. Federici filed L-2 reports during 2005 for all of his clients, even though he was only registered to lobby for one client. However, most L-2 reports were filed late, even after receiving a warning letter for the late-filed January L-2 report. His L-2 filings for 2005 are summarized below:

Month	Total Compensation & Expenses	Days Late
January	\$ 17,300	49
February	\$ 17,300	21
March	\$ 17,300	0
April	\$ 17,300	35
May	\$ 12,900	5
June	\$ 9,650	26
July	\$ 23,300	0
August	\$ 9,400	12
September	\$ 9,400	46
October	\$ 10,150	17
November		Not Filed
TOTAL	\$ 144,000	0 - 49

Based on this information, I am filing this complaint and directing staff to investigate the allegations that Nick Federici: 1) failed to timely register to lobby for nine of the ten clients which employed him during 2005; and 2) failed to timely file his monthly L-2 expense reports.

Of his ten clients, one registration was timely filed, eight were 290 days late, and one was 311 days late. Of the ten L-2 reports filed for January through October 2005, six were filed more than 15 days late. In addition, the November 2005 L-2 report has not been filed.


Vicki Rippie, Executive Director

12/28/05
Date

LOBBYIST REGISTRATION

L1

(12/03)

THIS SPACE FOR OFFICIAL USE

RECEIVED

OCT 20 2005

1. Lobbyist Name

NICK FEDERICI

Business Telephone Numbers
Permanent (360) 481-1936
Public Disclosure Commission

Temporary ()

Cell Phone ()
or Pager

E-Mail Address

NICKF@EARTHLINK.NET

Permanent Business Address

2927 CLOVERFIELD DR SE

City

OLYMPIA

State

WA

Zip

98501

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)

AMERICAN LUNG ASSOCIATION OF WASHINGTON
2625 THIRD AVENUE, SEATTLE, WA 98121

HEALTH CARE

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

E-Mail Address

TPETERSON@ALAW.ORG

TONY PETERSON (SEE LINE 3)

5. What is your pay (compensation) for lobbying?

\$ 4000 per MONTH (SESSION)
(hour, day, month, year)

Other: Explain:

\$2500 PER MONTH (INTERIM)

Description of employment (check one or more boxes)

☐ Full time employee

☐ Part time or temporary employee

☒ Contractor, retainer or similar agreement

☐ Unsalaries officer or member of group

☐ Sole duty is lobbying

☒ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

☐ Yes: \$ per

☐ Yes: I am reimbursed for expenses.

☒ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
If yes, explain which ones.

NO

7. How long do you expect to lobby for this organization?

☒ Permanent lobbyist

☐ Only during legislative session

☐ Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

☒ No

☐ Yes. However, no member has paid, pays, or is expected to pay over \$500.

☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

☒ No

☐ Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

ALIA GRIFFING

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE SUBJECT
01 ☒ Agriculture
02 ☒ Business and consumer affairs
03 ☐ Constitutions and elections
04 ☐ Education
05 ☒ Energy and utilities
06 ☒ Environmental affairs - natural resources - parks
07 ☒ Financial institutions and insurance
08 ☒ Fiscal

CODE SUBJECT
09 ☐ Higher education
10 ☐ Human services
11 ☒ Labor
12 ☐ Law and justice
13 ☐ Local government
14 ☐ State government
15 ☒ Transportation
16 ☒ Other - Specify:

HEALTH CARE

Remarks:

EXHIBIT #2

1 of 8

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE

DATE

10/1/05

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Marina Cooper-Wedemeyer

10/12/05

CEO

NOT VALID UNLESS SIGNED BY BOTH

MARINA COOPER-WEDEMEYER

LOBBYIST REGISTRATION

L1 (12/03)	THIS SPACE FOR OFFICE USE
	RECEIVED OCT 20 2005

1. Lobbyist Name NICK FEDERICI			Business Telephone Numbers Permanent (360) 111-1750 Temporary () Cell Phone () or Pager	
Permanent Business Address 2927 CLOVERFIELD DRIVE SE			E-Mail Address NICK F @ EARTH LINK. NET	
City OLYMPIA	State WA	Zip 98501	Employer's occupation, business or description of purpose of organization HEALTH CARE	
2. Temporary Thurston County address during legislative session			Employer's occupation, business or description of purpose of organization	
3. Employer's name and address (person or group for which you lobby) CHOICE REGIONAL HEALTH NETWORK 2409 PACIFIC AVE SE, OLYMPIA, WA 98501			E-Mail Address	
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)			E-Mail Address	

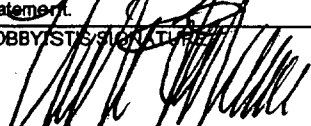
5. What is your pay (compensation) for lobbying? \$ <u>500</u> per <u>MONTH</u> (hour, day, month, year) Other: Explain:	Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input checked="" type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input type="checkbox"/> Yes: I am reimbursed for expenses. <input checked="" type="checkbox"/> No: I am not reimbursed for expenses.	Does employer pay any of your lobbying expenses directly? If yes, explain which ones. NO

7. How long do you expect to lobby for this organization? <input type="checkbox"/> Permanent lobbyist <input checked="" type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, Explain:	8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member has paid, pays, or is expected to pay over \$500. <input type="checkbox"/> Yes. The list is attached
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CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.	
12. LOBBYIST'S SIGNATURE 	DATE 10/1/05	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE	DATE

LOBBYIST REGISTRATION

L1

(12/03)

THIS SPACE FOR OFFICE USE

RECEIVED

OCT 20 2005

Public Disclosure Commission

1. Lobbyist Name

NICK FEDERICI

Business Telephone

Permanent (360) 481-1930

Temporary ()

Cell Phone ()
or Pager

Permanent Business Address

2927 CLOVERFIELD DRIVE SE

City

OLYMPIA

State

WA

Zip

98501

E-Mail Address

NICKF@EARTHLINK.NET

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)

HOME CARE COALITION

LONG-TERM CARE

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

E-Mail Address
JWIGGIN@KITSAPHOMECARE.COM

JUANITA WIGGIN, KITSAP HOME CARE, 5610 KITSAP WAY, SUITE 350, BREMERTON, WA 9831

5. What is your pay (compensation) for lobbying?

\$ 1000 per MONTH
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

- ☐ Full time employee
☐ Part time or temporary employee
☒ Contractor, retainer or similar agreement
☐ Unsalaries officer or member of group
☐ Sole duty is lobbying
☒ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

- ☐ Yes: \$ _____ per _____
☒ Yes: I am reimbursed for expenses.
☐ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
If yes, explain which ones.

NO

7. How long do you expect to lobby for this organization?

- ☒ Permanent lobbyist
☐ Only during legislative session
☐ Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

- ☐ No
☒ Yes. However, no member has paid, pays, or is expected to pay over \$500.
☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

- ☒ No
☐ Yes. Name of the committee is:

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ALIA GRIPPING

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

- | | | | |
|--|---|--|------------------------------|
| CODE | SUBJECT | CODE | SUBJECT |
| 01 <input type="checkbox"/> | Agriculture | 09 <input type="checkbox"/> | Higher education |
| 02 <input checked="" type="checkbox"/> | Business and consumer affairs | 10 <input checked="" type="checkbox"/> | Human services |
| 03 <input type="checkbox"/> | Constitutions and elections | 11 <input checked="" type="checkbox"/> | Labor |
| 04 <input type="checkbox"/> | Education | 12 <input type="checkbox"/> | Law and justice |
| 05 <input type="checkbox"/> | Energy and utilities | 13 <input type="checkbox"/> | Local government |
| 06 <input type="checkbox"/> | Environmental affairs - natural resources - parks | 14 <input type="checkbox"/> | State government |
| 07 <input checked="" type="checkbox"/> | Financial institutions and insurance | 15 <input type="checkbox"/> | Transportation |
| 08 <input checked="" type="checkbox"/> | Fiscal | 16 <input checked="" type="checkbox"/> | Other - Specify: HEALTH CARE |

Remarks:

EXHIBIT #2
3 of 8

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DATE

10/1/05

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

ERIC ERICHSEN 10-20-05

NOT VALID UNLESS SIGNED BY BOTH



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

L1

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Public Disclosure Commission

1. Lobbyist Name

NICK FEDERICI

Business Telephone Numbers

Permanent (360) 481-1936

Temporary ()

Cell Phone ()
or Pager

Permanent Business Address

2927 CLOVERFIELD DRIVE SE

City

OLYMPIA

State

WA

Zip

98501

E-Mail Address

NICKF@EARTHLINK.NET

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)

MIDWIVES ASSOCIATION OF WASHINGTON STATE
910 PUGET SOUND BIRTH CENTER
13128 TOTEM LAKE BLVD NE #101, KIRKLAND, WA 98034

HEALTH CARE

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

E-Mail Address

VMMALLOY@COMCAST.NET

VICTORIA MALLOY (SEE LINE 3)

5. What is your pay (compensation) for lobbying?

\$ 1000 per MONTH (SESSION)
(hour, day, month, year)

Other Explain:

\$250 PER MONTH (INTERIM)

Description of employment (check one or more boxes)

☐ Full time employee

☐ Part time or temporary employee

☒ Contractor, retainer or similar agreement

☐ Unsalaries officer or member of group

☐ Sole duty is lobbying

☒ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

☐ Yes: \$ per

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08 ☒ Fiscal

CODE SUBJECT

09 ☐ Higher education

10 ☐ Human services

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16 ☒ Other - Specify:

HEALTH CARE

Remarks:

EXHIBIT #2

4 of 8

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DATE

10/1/05

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EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Audrey Levine

10/19/05

NOT VALID UNLESS SIGNED BY BOTH
LEGISLATIVE CHAIR

LOBBYIST REGISTRATION

L1 (12/03)	THIS SPACE FOR OFFICE USE
	RECEIVED OCT 20 2005

1. Lobbyist Name NICK FEDERICI			Business Telephone Numbers Permanent (360) 487-1936 Temporary () Cell Phone () or Pager
Permanent Business Address 2927 CLOVERFIELD DRIVE SE			E-Mail Address NICK F@EARTHLINK.NET
City OLYMPIA	State WA	Zip 98501	Employer's occupation, business or description of purpose of organization
2. Temporary Thurston County address during legislative session			
3. Employer's name and address (person or group for which you lobby) NATIONAL ASSOCIATION OF SOCIAL WORKERS 522 85TH AVENUE #B100, SEATTLE, WA 98103			E-Mail Address HOYT@NASW-WA.ORG
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report) HOYT SUPPES (SEE LINE 3)			

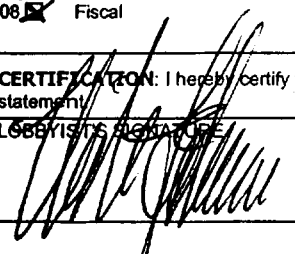
5. What is your pay (compensation) for lobbying? \$ <u>1100</u> per <u>MONTH</u> (hour, day, month, year) Other: Explain:	Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalairied officer or member of group <input checked="" type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties
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CODE	SUBJECT	CODE	SUBJECT																																		
01 <input type="checkbox"/>	Agriculture	09 <input type="checkbox"/>	Higher education																																		
02 <input type="checkbox"/>	Business and consumer affairs	10 <input checked="" type="checkbox"/>	Human services																																		
03 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	Labor																																		
04 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Law and justice																																		
05 <input type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Local government																																		
06 <input type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	State government																																		
07 <input checked="" type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	Transportation																																		
08 <input checked="" type="checkbox"/>	Fiscal	16 <input checked="" type="checkbox"/>	Other - Specify: HEALTH CARE																																		

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement. 12. LOBBYIST'S SIGNATURE 	DATE 10/1/05	EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement. EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE
--	------------------------	--

LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE
RECEIVED
OCT 20 2005
Public Disclosure Commission

L1
(12/03)

1. Lobbyist Name

NICK FEDERICI

Permanent Business Address

2927 CLOVERFIELD DRIVE SE

City

OLYMPIA

State

WA

Zip

98501

Business Telephone Numbers

Permanent (360) 481-1936

Temporary ()

Cell Phone ()
or Pager

E-Mail Address

NICKF@EARTHLINK.NET

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

HEALTH CARE

3. Employer's name and address (person or group for which you lobby)

RESPIRATORY CARE SOCIETY OF WASHINGTON
P.O. BOX 242, SEAHURST, WA 98062-0242

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

E-Mail Address

MEOWMIX@U.WASHINGTON.EDU

HOLLY MEO (SEE LINE 3)

5. What is your pay (compensation) for lobbying?

\$ 750 per MONTH (SESSION)
(hour, day, month, year)

Other: Explain:

\$100 PER MONTH (INTERIM)

Description of employment (check one or more boxes)

☐ Full time employee

☐ Part time or temporary employee

☒ Contractor, retainer or similar agreement

☐ Unsalaries officer or member-of group

☒ Sole duty is lobbying

☐ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

☐ Yes: \$ per

☐ Yes: I am reimbursed for expenses.

☒ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
If yes, explain which ones.

NO

7. How long do you expect to lobby for this organization?

☒ Permanent lobbyist

☐ Only during legislative session

☐ Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

☐ No

☒ Yes. However, no member has paid, pays, or is expected to pay over \$500.

☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

☒ No

☐ Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

ALIA GRIMM

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE SUBJECT

01 ☐ Agriculture

02 ☒ Business and consumer affairs

03 ☐ Constitutions and elections

04 ☐ Education

05 ☐ Energy and utilities

06 ☐ Environmental affairs - natural resources - parks

07 ☒ Financial institutions and insurance

08 ☒ Fiscal

CODE SUBJECT

09 ☐ Higher education

10 ☐ Human services

11 ☐ Labor

12 ☐ Law and justice

13 ☐ Local government

14 ☐ State government

15 ☐ Transportation

16 ☒ Other - Specify:

HEALTH CARE

Remarks:

EXHIBIT #2
6 of 8

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE

DATE

10/1/05

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

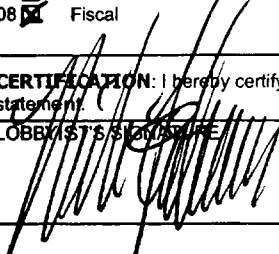
EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

LOBBYIST REGISTRATION

L1 (12/03)	THIS SPACE FOR OFFICE USE
	RECEIVED OCT 20 2005

1. Lobbyist Name NICK FEDERICI			Business Telephone Numbers Permanent (360) 783-1111 Temporary () Cell Phone () or Pager
Permanent Business Address 2927 CLOVERFIELD DR SE			E-Mail Address NICK.F@EARTHLINK.NET
City OLYMPIA	State WA	Zip 98501	Employer's occupation, business or description of purpose of organization HOUSING
2. Temporary Thurston County address during legislative session			
3. Employer's name and address (person or group for which you lobby) WASHINGTON LOW INCOME HOUSING ALLIANCE 811 FIRST AVENUE #408, SEATTLE, WA 98104			E-Mail Address SHANE@WLIHA.ORG
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report) SHANE ROCK, WA LOW INCOME HOUSING ALLIANCE (SEE LINE 3)			
5. What is your pay (compensation) for lobbying? \$ 3200 per MONTH (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input checked="" type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalaries officer or member of group <input type="checkbox"/> Sole duty is lobbying <input checked="" type="checkbox"/> Lobbying is only a part of other duties	
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input checked="" type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> No: I am not reimbursed for expenses.		Does employer pay any of your lobbying expenses directly? If yes, explain which ones. NO	
7. How long do you expect to lobby for this organization? <input checked="" type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, Explain:			
8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. However, no member has paid, pays, or is expected to pay over \$500. <input type="checkbox"/> Yes. The list is attached			
9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name of the committee is:			
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.) ALIA GRIFFING			

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:		Remarks: EXHIBIT #2 7 of 8
CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input checked="" type="checkbox"/> Business and consumer affairs 03 <input type="checkbox"/> Constitutions and elections 04 <input type="checkbox"/> Education 05 <input checked="" type="checkbox"/> Energy and utilities 06 <input type="checkbox"/> Environmental affairs - natural resources - parks 07 <input checked="" type="checkbox"/> Financial institutions and insurance 08 <input checked="" type="checkbox"/> Fiscal	CODE SUBJECT 09 <input type="checkbox"/> Higher education 10 <input checked="" type="checkbox"/> Human services 11 <input checked="" type="checkbox"/> Labor 12 <input checked="" type="checkbox"/> Law and justice 13 <input checked="" type="checkbox"/> Local government 14 <input checked="" type="checkbox"/> State government 15 <input type="checkbox"/> Transportation 16 <input checked="" type="checkbox"/> Other - Specify: HOUSING	
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement. 12. LOBBYIST'S SIGNATURE 		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement. EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE Shane Rock Exec. Director, WA Low Income Housing Alliance DATE 10/13/05

NOT VALID UNLESS SIGNED BY BOTH



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2628

LOBBYIST REGISTRATION

L1

(12/03)

THIS SPACE FOR OFFICE USE

RECEIVED

OCT 20 2005

1. Lobbyist Name

NICK FEDERICI

Business Telephone Numbers

Permanent (~~Earthlink~~) ~~Earthlink~~ Commission

Temporary ()

Cell Phone ()
or Pager

Permanent Business Address

2927 CLOVERFIELD DRIVE SE

City

OLYMPIA

State

WA

Zip

98501

E-Mail Address

NICKF@EARTHLINK.NET

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)

WASHINGTON TOXICS COALITION
4649 SUNNYSIDE AVE N #540, SEATTLE, WA 98103

ENVIRONMENTAL
PROTECTION

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

E-Mail Address

INFO@WATOXICS.ORG

JEFF COHN (SEE LINE 3)

5. What is your pay (compensation) for lobbying?

\$ 1250 per MONTH
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

☐ Full time employee

☐ Part time or temporary employee

☒ Contractor, retainer or similar agreement

☐ Unsalaries officer or member of group

☐ Sole duty is lobbying

☒ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

☐ Yes: \$ _____ per _____

☒ Yes: I am reimbursed for expenses.

☐ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
If yes, explain which ones.

NO

7. How long do you expect to lobby for this organization?

☒ Permanent lobbyist

☐ Only during legislative session

☐ Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

☒ No

☐ Yes. However, no member has paid, pays, or is expected to pay over \$500.

☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

☒ No

☐ Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)

ALIA GRICKING

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE	SUBJECT	CODE	SUBJECT
01 <input checked="" type="checkbox"/>	Agriculture	09 <input type="checkbox"/>	Higher education
02 <input checked="" type="checkbox"/>	Business and consumer affairs	10 <input type="checkbox"/>	Human services
03 <input type="checkbox"/>	Constitutions and elections	11 <input type="checkbox"/>	Labor
04 <input type="checkbox"/>	Education	12 <input type="checkbox"/>	Law and justice
05 <input checked="" type="checkbox"/>	Energy and utilities	13 <input type="checkbox"/>	Local government
06 <input checked="" type="checkbox"/>	Environmental affairs - natural resources - parks	14 <input type="checkbox"/>	State government
07 <input type="checkbox"/>	Financial institutions and insurance	15 <input type="checkbox"/>	Transportation
08 <input checked="" type="checkbox"/>	Fiscal	16 <input type="checkbox"/>	Other - Specify:

Remarks:

EXHIBIT #2
8 of 8

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE

DATE

10/1/05

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Dregg Small

Executive
Director

10/19/05

BREGG SMALL

NOT VALID UNLESS SIGNED BY BOTH



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-801-2828

LOBBYIST REGISTRATION

L1

(12/03)

THIS SPACE FOR OFFICE USE
DATE FILED PDC

NOV 10 2005

1. Lobbyist Name

NICK FEDERICI

Permanent Business Address

2927 CLOVERFIELD DRIVE SE

City

OLYMPIA

State

WA

Zip

98501

Business Telephone Numbers

Permanent (360) 481-1936

Temporary ()

Cell Phone ()
or Pager

E-Mail Address

NICKF@EARTHLINK

2. Temporary Thurston County address during legislative session

Employer's occupation, business or descriptor
purpose of organization

3. Employer's name and address (person or group for which you lobby)

FAIRFAX HOSPITAL

10200 NE 132ND STREET, KIRKLAND, WA 98034

HEALTH CARE

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

E-Mail Address

NATALIE.PRICE@ARADENTHEALTH

NATALIE PRICE (SEE LINE 3)

5. What is your pay (compensation) for lobbying?

\$ 2010 per MONTH
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

- ☐ Full time employee
☐ Part time or temporary employee
☒ Contractor, retainer or similar agreement
☐ Unsalaries officer or member of group
- ☒ Sole duty is lobbying
☐ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

- ☐ Yes: \$ _____ per _____
☒ Yes: I am reimbursed for expenses.
☐ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
If yes, explain which ones.

NO

7. How long do you expect to lobby for this organization?

- ☐ Permanent lobbyist
☐ Only during legislative session
☐ Other: Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

- ☒ No
☐ Yes. However, no member has paid, pays, or is expected to pay over \$500.
☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee

- ☒ No
☐ Yes. Name of the committee is:

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 143 and 144 for instructions.)

ALIA GRIPPING

11. Areas of interest Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

- | | | | |
|--|---|--|------------------|
| CODE | SUBJECT | CODE | SUBJECT |
| 01 <input type="checkbox"/> | Agriculture | 09 <input type="checkbox"/> | Higher education |
| 02 <input type="checkbox"/> | Business and consumer affairs | 10 <input type="checkbox"/> | Human services |
| 03 <input type="checkbox"/> | Constitutions and elections | 11 <input type="checkbox"/> | Labor |
| 04 <input type="checkbox"/> | Education | 12 <input type="checkbox"/> | Law and justice |
| 05 <input type="checkbox"/> | Energy and utilities | 13 <input type="checkbox"/> | Local government |
| 06 <input type="checkbox"/> | Environmental affairs - natural resources - parks | 14 <input type="checkbox"/> | State government |
| 07 <input checked="" type="checkbox"/> | Financial institutions and insurance | 15 <input type="checkbox"/> | Transportation |
| 08 <input checked="" type="checkbox"/> | Fiscal | 16 <input checked="" type="checkbox"/> | Other - Specify |

HEALTH CARE

Remarks:

EXHIBIT #3
1 of 1

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby set in this registration statement.

12. LOBBYIST SIGNATURE

DATE

10/1/05

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Richard J. CEO

RECEIVED

JAN 09 2006

NICK FEDERICI
2927 Cloverfield Drive SE, Olympia, WA 98501
(360) 481-1936 phone • nickf@earthlink.net

Public Disclosure Commission

Mr. Philip E. Stutzman
Director of Compliance
Washington State Public Disclosure Commission
711 Capitol Way, Room 206
Olympia, WA 98504-0908

January 9, 2006

Dear Mr. Stutzman:

I have received your letter dated December 28, 2005, and the accompanying complaint from Vicki Rippie from the same date, and the request that I respond in writing by January 6, 2006. This correspondence is my response to the complainant's allegations. As you indicated in your voice mail to me January 9, 2006, Kurt Young advised me on January 6, 2006 that I could bring a hard copy of this response to your office today. I appreciate the additional post-holiday time to complete and submit this response as we enter the teeth of a new Legislative Session.

As I understand the complaint, it alleges that:

1. I failed to timely register nine of my ten clients for which I was employed during 2005; and
2. I failed to timely file my monthly L-2 reports after receiving a warning letter on March 8, 2005.

Regarding the first complaint, as you and I discussed at our meeting attended by you, me, and Jennifer Hanson at the Public Disclosure Commission offices on September 27, 2005, I neglected to re-file the required L-1 forms at the beginning of 2005 because I foolishly forgot that this was required at the beginning of each odd-numbered year. I believe that eight of the nine forms that I failed to file on time were for continuing clients for whom my terms of contract had not changed since previously filing the L-1 for them, and so the PDC and the public were not in fact deprived of any information regarding my contractual status with those clients. The error on the remaining client was simply an oversight on my part. I cannot stress strongly enough that at no time was my lack of filing willful or intentional, and I have never deliberately sought to withhold information from the Public Disclosure Commission or the public.

Generally, the Public Disclosure Commission is extremely vigilant in reminding me that I have failed to file in a timely fashion, and I seek to comply with those reminders as quickly as possible. In the case of the L-1 forms, the first notice I received was a phone call in September from the PDC staff indicating that you wanted a meeting to discuss my L-1 forms. Only once we met in person was I aware of the nature of the concern regarding my L-1 forms.

At that meeting, you requested that I immediately obtain the signatures necessary to file the L-1 forms, and that it would be preferable that I bring in all of the completed forms at the same time.

EXHIBIT #4
1 of 2

I immediately contacted my clients and sent them copies of the completed L-1 forms to counter-sign, but did not receive an immediate response from all clients. I believe that I spoke with both yourself and Ms. Hanson once each in the week or so following our meeting to let you know that I was assiduously working to complete the required paperwork and hoped to be bringing all the L-1 reports in as soon as possible. Eventually, I received back a number of the forms in the mail, and scheduled meetings with a number of other client organization representatives for the express purpose of directly obtaining their signatures. Once I had received those, I hand-delivered them to you, as well as copies of all forms signed by myself, even if they had not yet been counter-signed by the pertinent organizational representatives.

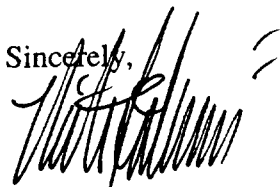
Regarding the second complaint, I can only profess that I am often forgetful and inattentive to procedural and recordkeeping details. I honestly have no better excuse than that, other than to earnestly underscore my statement above that at no time was my lack of filing willful or intentional, and I have never deliberately sought to withhold information from the Public Disclosure Commission or the public.

Upon filing my L-2 forms on April 5th, in response to the March 8th warning letter, I believe that I also paid a \$100 fine for late filing of my January L-2, as was ordered by the PDC. I feel that this was a fair penalty for that transgression.

Recently, filing my L-2 forms has been complicated by the fact that, since around the time of our meeting in late September, I have been unable to access the electronic records of my filings via the Public Disclosure Commission's website, probably due to the ongoing inquiry regarding my registration. This has exacerbated the difficulty of filing my reports consistently, correctly, and in a timely fashion. Because I do not always request a photocopy of my filings, and am generally a poor business recordkeeper, sometimes from one month to the next I am uncertain about what I have filed for the previous month and must rely on the information filed the previous month to gain my bearings. By indicating this, I am not seeking to shift or avoid the blame, but merely to explain the circumstances.

Thank you for this opportunity to respond to the complaint. Please let me know if there is additional information or clarification that I can provide.

Sincerely,



Nick Federici

L2
102

POC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED

APR 5 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DRIVE SE

City OLYMPIA State WA Zip +4 98501

2. This report is for the period 1 (Month) 05 (Year) This report corrects or amends the report for (Month) (Year)

New Address? ☐ Yes ☒ No

Business Telephone (360) 981-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>18,300</u>		\$ <u>4000</u>	\$ <u>1000</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>31</u>	\$ <u>31</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,831</u>	\$ <u>2531</u>	\$ <u>4000</u>	\$ <u>1000</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 1 (B) AMERICAN LUNG ASSOC OF WA
- No. 2 (C) MIDWIVES ASSOC OF WA STATE
- No. 3 (D) HOME CARE COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____

Employer Represented _____

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____

Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

4/1/05

EXHIBIT #5

1 of 57

L2
1/02

POC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED

APR 5 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 COVERFIELD DRIVE SE

City OLYMPIA State WA Zip + 4 98501

2. This report is for the period 1 (Month) 05 (Year) This report corrects or amends the report for (Month) (Year)

New Address? ☐ Yes ☒ No

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>18,300</u>		\$ <u>3200</u>	\$ <u>750</u>	\$ <u>500</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>31</u>	\$ <u>31</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,831</u>	\$ <u>2531</u>	\$ <u>3200</u>	\$ <u>750</u>	\$ <u>500</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 4 (B) WA LW-INCOME HOUSING ALLIANCE
- No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
- No. 6 (D) CHOICE REGIONAL HEALTH NETWORK

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____ Employer Represented _____

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

4/1/05

EXHIBIT #5

2 of 57

L2
 1/02

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APR 5 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DRIVE SE

City OLYMPIA State WA Zip + 4 98501

New Address? ☐ Yes ☒ No

2. This report is for the period 1 (Month) 05 (Year) This report corrects or amends the report for (Month) (Year)

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>7</u> Column B	Employer No. <u>8</u> Column C	Employer No. <u>9</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>18,300</u>		\$ <u>1250</u>	\$ <u>2500</u>	\$ <u>1100</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>31</u>	\$ <u>31</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,831</u>	\$ <u>2531</u>	\$ <u>1250</u>	\$ <u>2500</u>	\$ <u>1100</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 7 (B) WA TOXICS COALITION
- No. 8 (C) ARNPS UNITED
- No. 9 (D) NATIONAL ASSOC OF SOCIAL WORKERS

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

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CERTIFICATION

LOBBYIST SIGNATURE

DATE

4/1/05

EXHIBIT #5

3 of 57

L2
1/02

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APR 5 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report
 (as required by Chapter 387, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DRIVE SE

City OLYMPIA State WA Zip + 4 98501

New Address? ☐ Yes ☒ No

2. This report is for the period 1 05 This report corrects or amends the report for Month Year

Business Telephone (360) 481-1936

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3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>18,300</u>		\$ <u>2000</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>31</u>	\$ <u>31</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,831</u>	\$ <u>2531</u>	\$ <u>2000</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. 10 (B) FAIRFAX HOSPITAL

No. (C)

No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. SEE ATTACHED

Legislative Committee or State Agency Considering Matter

Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

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CERTIFICATION

LOBBYIST SIGNATURE

DATE

4/1/05

CONTINUE ON REVERSE

EXHIBIT #5
4 of 57

INFORMATION CONTINUED

(Use this page if you need additional space for items 12, 15 or 16)

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L2 APR 5 2005

Lobbyist Name

NICK FEDERICI

Reporting
Period

1
(Month)

05
(Year)

Public Disclosure Commission

12. Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
16. Date	Name of Individual or Committee Receiving Contribution	Source of Contribution		Amount
1/1/05	WA STATE DEMOCRATIC PARTY	NICK FEDERICI		\$ 31

EXHIBIT #5
5 of 57

INFORMATION CONTINUED

(Use this page if you need additional space for Items 17 or 18)

L2

RECEIVED

Lobbyist Name

Reporting
Period

(Month)

Year

~~APR 5 2005~~

~~Public Disclosure Commission~~

17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount
				\$
18. Date	Recipient's Name and Address	Employer for Whom Expense was Incurred		Amount
1/30/05	AUA GRIPPING 6240 NE LARIAT LOOP BAINBRIDGE ISLAND, WA 98110	NICK FEDERICI		\$ 2500

EXHIBIT #5
6 of 57

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APR 5 2005

Public Disclosure Commission

Nick Federici

Subject matter of proposed legislation supporting or opposing
Sorted by client organization

American Lung Association of Washington

Senate Bill 5841 / House Bill 1904	Asthma
Senate Bill 5592 / House Bill 1714	Secondhand smoke
House Bill 2038	Secondhand smoke
Senate Bill 5909 / House Bill 1670	Secondhand smoke
House Bills 1109, 1253, 1559	Secondhand smoke
Senate Bill 5114	Secondhand smoke
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts
Senate Bill 5829	Cigarette tax
House Bill 2075	Cigarette tax
Senate Bill 5048	Tobacco samples
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6096 / House Bill 2302	Cigarette tax
House Bill 1441	Children's health insurance
Senate Bill 5397 / House Bill 1397	Clean cars
Senate Bill 5509 / House Bill 1272	Green buildings
House Bill 1302	Clean air standards
House Bill 1388	Pesticides in schools
Senate Bill 5558 / House Bill 1677	Prescription drug assistance
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5452	Genetic testing prohibited in life insurance
House Bill 2060	State-purchased health care
Senate Bill 6018 / House Bill 2069	Small business health care purchasing
Senate Bill 5495 / House Bill 1536	DOH authority to administer grants
Senate Bill 5715 / House Bill 1737	Public health financing committee
House Bill 2308	Health care for children
Senate Bill 5188	Children's environmental health and protection advisory council
Senate Bill 5536	JLARC study of BHP
Senate Bill 5722	Small employers in BHP
Senate Bill 5186	Physical activity
Senate Bill 5473 / House Bill 1507	Liability of Washington state health insurance pool

ARNPs United

House Bill 1479 / Senate Bill 5516 ARNP prescriptive authority

EXHIBIT #5

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Public Disclosure Commission

Midwives Association of Washington State

House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5515 / House Bill 1488	PBDEs
House Bill 2069	Small business health care purchasing
House Bill 1685	Health insurance policy mandates
Senate Bill 5579 / House Bill 1418	Insurance overpayment recovery practices

Washington Home Care Coalition

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6054	Home care L&I coverage
Senate Bill 5799 / House Bill 1786	Home care payment
Senate Bill 5801 / House Bill 1787	Home care agency vendor rate study
House Bill 1728	Long-term care capacity study

CHOICE Regional Health Network

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5558 / House Bill 1677	Prescription drug assistance
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice

Fairfax Hospital

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
House Bill 1290	Mental health services and funding
Senate Bill 5763	Omnibus mental health and chemical dependency treatment
Senate Bill 5257 / House Bill 1058	Mental health treatment for minors

Washington Toxics Coalition

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5515 / House Bill 1488	PBDEs
House Bill 1388	Pesticides in schools
Senate Bill 5710 / House Bill 1731	Mercury switches in cars
Senate Bill 5305 / House Bill 2201	Mercury in vaccines
Senate Bill 5188	Children's environmental health and protection advisory council

EXHIBIT #5

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Washington Low-Income Housing Alliance

Senate Bill 6090 / House Bill 2297 2005-07 operating budget
Senate Bill 5660 / House Bill 1640 Mobile / manufactured home landlord-tenant act
Senate Bill 5509 / House Bill 1272 Green buildings
Senate Bill 5577 / House Bill 1583 Tenant relocation assistance
House Bill 2163 Homelessness assistance
Senate Bill 5767 Homelessness planning
Senate Bill 5108 / House Bill 1074 CTED housing administrative cap
Senate Bill 5469 / House Bill 1408 Individual development accounts
House Bill 1141 Real estate research account
Senate Bill 5183 Tax relief for affordable housing
House Bill 2196 Impact fees and real estate excise tax
Senate Bill 5051 / House Bill 1057 2005-07 capital budget
Senate Bill 6094 / House Bill 2298 2005-07 capital budget
Senate Bill 5907 / House Bill 1967 Growth management act minimum densities
Senate Bill 5917 / House Bill 2013 Non-discrimination in housing
Senate Bill 5107 / House Bill 1061 Mobile home relocation assistance reimbursement
Senate Bill 5366 / House Bill 1393 Movement of older mobile homes
House Bill 1373 Impact fees on mobile home communities
House Bill 1374 Prohibiting restrictions on mobile home location
Senate Bill 5479 Landlord-tenant act timelines
Senate Bill 5713 Multiple unit housing rehab assistance
Senate Bill 5905 Tenant eviction
House Bill 2026 Establishing the Washington rental assistance program
House Bill 1629 Revising funding of low-income housing operations and maintenance

Senate Bill 5590 / House Bill 1601 Dissolving joint housing authorities
Senate Bill 5835 / House Bill 1914 Dissolving or deactivating joint housing authorities
House Bill 2140 Short-term loans for low-income housing
Senate Bill 5612 / House Bill 1547 Expanding programs eligible for housing assistance
Senate Bill 6044 Housing assistance vouchers for low-income persons
House Joint Memorial 4009 Requesting that Section 8 housing assistance be maintained
House Joint Memorial 4019 Petitioning HUD to support affordable housing programs
House Bill 1585 Standards for housing temporarily-homeless persons
House Bill 1810 Ending homelessness in Washington
House Joint Memorial 4013 Petitioning for efforts to assist the state's homeless
House Bill 1848 Construction defect disputes
Senate Bill 5495 / House Bill 1536 Allowing DOH to receive and administer grants

Public Disclosure Commission

EXHIBIT #5

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Respiratory Care Society of Washington

Public Disclosure Commission

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5841 / House Bill 1904	Asthma
Senate Bill 5592 / House Bill 1714	Secondhand smoke
House Bill 2038	Secondhand smoke
Senate Bill 5909 / House Bill 1670	Secondhand smoke
House Bills 1109, 1253, 1559	Secondhand smoke
Senate Bill 5114	Secondhand smoke
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts
Senate Bill 5829	Cigarette tax
House Bill 2075	Cigarette tax
Senate Bill 5048	Tobacco samples
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6096 / House Bill 2302	Cigarette tax
House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice

National Association of Social Workers - Washington Chapter

Senate Bill 5450 / House Bill 1154	Mental health parity
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
House Bill 1441	Children's health insurance
Senate Bill 5919 / House Bill 2113	Mental health providers' coverage
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5451	Cosmetic surgery tax
House Bill 1290	Mental health services and funding
Senate Bill 5763	Omnibus mental health and drug treatment
Senate Bill 5257 / House Bill 1058	Mental health treatment for minors
House Bill 1515	Human rights commission jurisdiction
Senate Bill 5471 / House Bill 1219	Prescription drug purchasing consortium
Senate Bill 5666	Information sharing in child dependency cases
House Bill 1663	Prevention and intervention investment council
House Bill 1366	Video game rating disclosure
House Bill 2178	Violent video and computer games
House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline

EXHIBIT #5

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1/02

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APR 5 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CUMBERFIELD DRIVE SE
 City OLYMPIA State WA Zip + 4 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period 02 (Month) 05 (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone (360) 491-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 18,300		\$ 4000	\$ 1000	\$ 1000
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ 68	\$ 68			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	\$ 2500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,868	\$ 2568	\$ 4000	\$ 1000	\$ 1000

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 1 (B) AMERICAN LUNG ASSOC OF WA
 No. 2 (C) MIDWIVES ASSOC OF WA STATE
 No. 3 (D) HOME CARE COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter

Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

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I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

4/1/05

EXHIBIT #5

11 of 57

CONTINUE ON REVERSE



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 208
PO BOX 40906
OLYMPIA WA 98504-0906
(360) 753-1111
TOLL FREE 1-877-801-2828

L2

1/02

POC OFFICE USE

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APR 5 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI
Mailing Address 2927 CLOVERFIELD DRIVE SE
City OLYMPIA State WA Zip + 4 98501
New Address? ☐ Yes ☒ No
2. This report is for the period 02 05 This report corrects or amends the report for (Month) (Year) (Month) (Year)
Business Telephone 1360 1481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
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3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 18,300		\$ 3200	\$ 750	\$ 500
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #18)	\$ 68	\$ 68			
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9. OTHER EXPENSES AND SERVICES (See #18)	\$ 2500	\$ 2500			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 20,868	\$ 2568	\$ 3200	\$ 750	\$ 500

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE
No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
No. 6 (D) CHOICE REGIONAL HEALTH NETWORK

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____

Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

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LOBBYIST SIGNATURE

DATE

4/1/05

CONTINUE ON REVERSE

EXHIBIT #5
12 of 57



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40008
OLYMPIA WA 98504-0008
(360) 753-1111
TOLL FREE 1-877-801-2828

L2
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PDC OFFICE USE

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Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

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9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,868</u>	\$ <u>2568</u>	\$ <u>1250</u>	\$ <u>2500</u>	\$ <u>1100</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
No. 7 (B) WA TOXICS COALITION
No. 8 (C) ARMPs UNITED
No. 9 (D) NATIONAL ASSOC OF SOCIAL WORKERS

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

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☐ Continued on attached pages

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CERTIFICATION
LOBBYIST SIGNATURE

DATE

4/1/05

CONTINUE ON REVERSE

EXHIBIT #5
13 of 57



PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 763-1111
TOLL FREE 1-877-601-2828

L2

1/02

POC OFFICE USE

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APR 5 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name
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Mailing Address
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City OLYMPIA State WA Zip + 4 98501

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Business Telephone
(360) 481-1936

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6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>68</u>	\$ <u>68</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,868</u>	\$ <u>2568</u>	\$ <u>2000</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 10 (B) FAIRFAX HOSPITAL
- No. (C)
- No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. SEE ATTACHED
- Legislative Committee or State Agency Considering Matter

Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
LOBBYIST SIGNATURE

DATE

CONTINUE ON REVERSE

EXHIBIT #5

14 of 57

INFORMATION CONTINUED

(Use this page if you need additional space for Items 12, 15 or 16)

L2

RECEIVED

APR 5 2005

Lobbyist Name

NICK FEDERICI

Reporting
Period

02
(Month)

05
(Year)

Public Disclosure Commission

12. Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

15. Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
16. Date	Name of Individual or Committee Receiving Contribution	Source of Contribution		Amount
2/1/05	WA ST DEMOCRATIC PARTY	NICK FEDERICI		\$ 28
2/21/05	WA ST DEMOCRATIC PARTY	NICK FEDERICI		\$ 40

EXHIBIT #5
15 of 57

INFORMATION CONTINUED

(Use this page if you need additional space for Items 17 or 18)

L2

RECEIVED

APR 5 2005

Lobbyist Name

NICK FEDERICI

Reporting
Period

02
(Month)

05
(Year)

Public Disclosure Commission

17. Date	Names of Vendor or Person Receiving Payment	Description, Place, etc.	Sponsoring Employer	Amount
				\$
18. Date	Recipient's Name and Address	Employer for Whom Expense was Incurred		Amount
2/28/05	AUA GRIMING 60240 NE LARIAT LOOP BAINBRIDGE ISLAND, WA 98110	NICK FEDERICI		\$ 2500

EXHIBIT #5

16 of 57

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Public Disclosure Commission

Nick Federici

Subject matter of proposed legislation supporting or opposing
Sorted by client organization

American Lung Association of Washington

Senate Bill 5841 / House Bill 1904	Asthma
Senate Bill 5592 / House Bill 1714	Secondhand smoke
House Bill 2038	Secondhand smoke
Senate Bill 5909 / House Bill 1670	Secondhand smoke
House Bills 1109, 1253, 1559	Secondhand smoke
Senate Bill 5114	Secondhand smoke
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts
Senate Bill 5829	Cigarette tax
House Bill 2075	Cigarette tax
Senate Bill 5048	Tobacco samples
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6096 / House Bill 2302	Cigarette tax
House Bill 1441	Children's health insurance
Senate Bill 5397 / House Bill 1397	Clean cars
Senate Bill 5509 / House Bill 1272	Green buildings
House Bill 1302	Clean air standards
House Bill 1388	Pesticides in schools
Senate Bill 5558 / House Bill 1677	Prescription drug assistance
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5452	Genetic testing prohibited in life insurance
House Bill 2060	State-purchased health care
Senate Bill 6018 / House Bill 2069	Small business health care purchasing
Senate Bill 5495 / House Bill 1536	DOH authority to administer grants
Senate Bill 5715 / House Bill 1737	Public health financing committee
House Bill 2308	Health care for children
Senate Bill 5188	Children's environmental health and protection advisory council
Senate Bill 5536	JLARC study of BHP
Senate Bill 5722	Small employers in BHP
Senate Bill 5186	Physical activity
Senate Bill 5473 / House Bill 1507	Liability of Washington state health insurance pool

ARNPs United

House Bill 1479 / Senate Bill 5516 ARNP prescriptive authority

EXHIBIT #5
17 of 57

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Public Disclosure Commission

Midwives Association of Washington State

House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5515 / House Bill 1488	PBDEs
House Bill 2069	Small business health care purchasing
House Bill 1685	Health insurance policy mandates
Senate Bill 5579 / House Bill 1418	Insurance overpayment recovery practices

Washington Home Care Coalition

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6054	Home care L&I coverage
Senate Bill 5799 / House Bill 1786	Home care payment
Senate Bill 5801 / House Bill 1787	Home care agency vendor rate study
House Bill 1728	Long-term care capacity study

CHOICE Regional Health Network

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5558 / House Bill 1677	Prescription drug assistance
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice

Fairfax Hospital

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
House Bill 1290	Mental health services and funding
Senate Bill 5763	Omnibus mental health and chemical dependency treatment
Senate Bill 5257 / House Bill 1058	Mental health treatment for minors

Washington Toxics Coalition

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5515 / House Bill 1488	PBDEs
House Bill 1388	Pesticides in schools
Senate Bill 5710 / House Bill 1731	Mercury switches in cars
Senate Bill 5305 / House Bill 2201	Mercury in vaccines
Senate Bill 5188	Children's environmental health and protection advisory council

RECEIVED

APR 5 2005

Washington Low-Income Housing Alliance

Public Disclosure Commission

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5660 / House Bill 1640	Mobile / manufactured home landlord-tenant act
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5577 / House Bill 1583	Tenant relocation assistance
House Bill 2163	Homelessness assistance
Senate Bill 5767	Homelessness planning
Senate Bill 5108 / House Bill 1074	CTED housing administrative cap
Senate Bill 5469 / House Bill 1408	Individual development accounts
House Bill 1141	Real estate research account
Senate Bill 5183	Tax relief for affordable housing
House Bill 2196	Impact fees and real estate excise tax
Senate Bill 5051 / House Bill 1057	2005-07 capital budget
Senate Bill 6094 / House Bill 2298	2005-07 capital budget
Senate Bill 5907 / House Bill 1967	Growth management act minimum densities
Senate Bill 5917 / House Bill 2013	Non-discrimination in housing
Senate Bill 5107 / House Bill 1061	Mobile home relocation assistance reimbursement
Senate Bill 5366 / House Bill 1393	Movement of older mobile homes
House Bill 1373	Impact fees on mobile home communities
House Bill 1374	Prohibiting restrictions on mobile home location
Senate Bill 5479	Landlord-tenant act timelines
Senate Bill 5713	Multiple unit housing rehab assistance
Senate Bill 5905	Tenant eviction
House Bill 2026	Establishing the Washington rental assistance program
House Bill 1629	Revising funding of low-income housing operations and maintenance
Senate Bill 5590 / House Bill 1601	Dissolving joint housing authorities
Senate Bill 5835 / House Bill 1914	Dissolving or deactivating joint housing authorities
House Bill 2140	Short-term loans for low-income housing
Senate Bill 5612 / House Bill 1547	Expanding programs eligible for housing assistance
Senate Bill 6044	Housing assistance vouchers for low-income persons
House Joint Memorial 4009	Requesting that Section 8 housing assistance be maintained
House Joint Memorial 4019	Petitioning HUD to support affordable housing programs
House Bill 1585	Standards for housing temporarily-homeless persons
House Bill 1810	Ending homelessness in Washington
House Joint Memorial 4013	Petitioning for efforts to assist the state's homeless
House Bill 1848	Construction defect disputes
Senate Bill 5495 / House Bill 1536	Allowing DOH to receive and administer grants

EXHIBIT #5

19 of 57

Respiratory Care Society of Washington

Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5509 / House Bill 1272	Green buildings
Senate Bill 5841 / House Bill 1904	Asthma
Senate Bill 5592 / House Bill 1714	Secondhand smoke
House Bill 2038	Secondhand smoke
Senate Bill 5909 / House Bill 1670	Secondhand smoke
House Bills 1109, 1253, 1559	Secondhand smoke
Senate Bill 5114	Secondhand smoke
Senate Bill 5794 / House Bill 1916	Puyallup tribal cigarette tax compact
Senate Bill 5814 / House Bill 1915	Tribal cigarette tax compacts
Senate Bill 5829	Cigarette tax
House Bill 2075	Cigarette tax
Senate Bill 5048	Tobacco samples
Senate Bill 6097 / House Bill 2303	Taxation and regulation of other tobacco products
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 6096 / House Bill 2302	Cigarette tax
House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline
Senate Bill 6087 / House Bill 2292	DOH discipline and medical malpractice

RECEIVED

APR 5 2005

Public Disclosure Commission

National Association of Social Workers – Washington Chapter

Senate Bill 5450 / House Bill 1154	Mental health parity
Senate Bill 6090 / House Bill 2297	2005-07 operating budget
Senate Bill 5703 / House Bill 1705	Medicaid coverage and assistance
House Bill 1441	Children's health insurance
Senate Bill 5919 / House Bill 2113	Mental health providers' coverage
Senate Bill 5637 / House Bill 1702	Health Care Responsibility Act
Senate Bill 5451	Cosmetic surgery tax
House Bill 1290	Mental health services and funding
Senate Bill 5763	Omnibus mental health and drug treatment
Senate Bill 5257 / House Bill 1058	Mental health treatment for minors
House Bill 1515	Human rights commission jurisdiction
Senate Bill 5471 / House Bill 1219	Prescription drug purchasing consortium
Senate Bill 5666	Information sharing in child dependency cases
House Bill 1663	Prevention and intervention investment council
House Bill 1366	Video game rating disclosure
House Bill 2178	Violent video and computer games
House Bill 2112	DOH licensing fees
House Bill 1071	DOH discipline

L2
 1/02

POC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED
JUN 20 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip + 4 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period 04 05 (Month) (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>17,300</u>		\$ <u>4000</u>	\$ <u>1000</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>330</u>	\$ <u>330</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,130</u>	\$ <u>2830</u>	\$ <u>4000</u>	\$ <u>1000</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 1 (B) AMERICAN LUNG ASSOC OF WA
 No. 2 (C) MIDWIVES ASSOC OF WA STATE
 No. 3 (D) HAVE CARE COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____ Employer Represented _____

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____ Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
 LOBBYIST SIGNATURE

DATE

5/15/05

CONTINUE ON REVERSE

EXHIBIT # 5
21 of 57

Lobbyist Name

NICK

Reporting

Period

(Month)

(Year)

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$

N/A Total expenses itemized on attached Memo Reports

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
4/1/05	WA STATE DEMOCRATS	NICK FEDERICI	\$ 20
4/27/05	KAREN VALENZUELA	NICK FEDERICI	\$ 100
4/27/05	KAREN MESSMER	NICK FEDERICI	\$ 50
4/30/05	CHRIS GREGOIRE LEGAL FUND	NICK FEDERICI	\$ 150
N/A	Total contributions itemized on attached Memo Reports		

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name:

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
4/05	ALIA GRIPPING	NICK FEDERICI	\$ 2500

☐ Continued on attached page.

EXHIBIT #5
22 of 57

L2
 1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED
JUN 20 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip + 4 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period 04 05 (Month) (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>17,300</u>		\$ <u>3200</u>	\$ <u>750</u>	\$ <u>500</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>730</u>	\$ <u>730</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,130</u>	\$ <u>2930</u>	\$ <u>3200</u>	\$ <u>750</u>	\$ <u>500</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE
 No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
 No. 6 (D) CHOICE REGIONAL HEALTH NETWORK

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80% State Agencies 20%.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
 LOBBYIST SIGNATURE

DATE

5/15/05

CONTINUE ON REVERSE

EXHIBIT #5
23 of 57

Reporting Period	(Month)	(Year)
---------------------	---------	--------

- | Date | Names of all Persons Entertained or Provided Travel, etc. | Description, Place, etc. | Sponsoring Employer | Amount |
|------|---|--------------------------|---------------------|--------|
| N/A | Total expenses itemized on attached Memo Reports | | | |

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
N/A	Total contributions itemized on attached Memo Reports		\$

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

PAC Name: 7-3

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.
18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$

☐ Continued on attached page

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED
JUN 20 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip + 4 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period 04 (Month) 05 (Year) This report corrects or amends the report for (Month) (Year)
 Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>2</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>2</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>17,300</u>		\$ <u>1250</u>	\$ <u>2500</u>	\$ <u>1100</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>330</u>	\$ <u>330</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,130</u>	\$ <u>2530</u>	\$ <u>1250</u>	\$ <u>2500</u>	\$ <u>1100</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 2 (B) WA TOXICS COALITION
 No. 2 (C) HRNPS UNITED
 No. 9 (D) NATIONAL ASSN OF SOCIAL WORKERS - WA CHAPTER
 12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION
 I certify that this report is true and complete to the best of my knowledge.
 LOBBYIST SIGNATURE [Signature] DATE 5/15/05

CONTINUE ON REVERSE

EXHIBIT # 5
25 of 57

Lobbyist Name _____

Reporting
Period

(Month)

(Year)

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

3 Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
N/A Total expenses itemized on attached Memo Reports				

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$
N/A Total contributions itemized on attached Memo Reports			

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$
N/A Total payments itemized on attached Memo Reports			

☐ Continued on attached page.

L2
 1/02

PDC OFFICE USE

RECEIVED
 JUN 20 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip + 4 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period 04 (Month) 05 (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone (700) 781-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>10</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>17,300</u>		\$ <u>2000</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>330</u>	\$ <u>330</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)	\$ <u>2500</u>	\$ <u>2500</u>			
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>20,130</u>	\$ <u>2830</u>	\$ <u>2000</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 10 (B) FAIRFAX HOSPITAL
 No. (C)
 No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter

Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 80 % State Agencies 20 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.
 CERTIFICATION
 LOBBYIST SIGNATURE [Signature] DATE 5/15/05

CONTINUE ON REVERSE

EXHIBIT #5
27 of 57

Lobbyist Name

Reporting
Period

(Month)

(Year)

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
N/A Total expenses itemized on attached Memo Reports				

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$
N/A Total contributions itemized on attached Memo Reports			

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name:

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$
N/A Total payments itemized on attached Memo Reports			

☐ Continued on attached page.

EXHIBIT #5

28 of 57

L2
 1/02

PDC OFFICE USE

RECEIVED

JUN 20 2005

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DRIVE SE

City OLYMPIA State WA Zip + 4 98501

2. This report is for the period 05 05 (Month) (Year)

This report corrects or amends the report for (Month) (Year)

New Address? ☐ Yes ☒ No

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,900</u>		\$ <u>500</u>	\$ <u>250</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2571</u>	\$ <u>571</u>	\$ <u>2000</u>		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>13,471</u>	\$ <u>571</u>	\$ <u>2500</u>	\$ <u>250</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 1 (B) AMERICAN LUNG ASSOC OF WA
- No. 2 (C) MIDWIVES ASSOC OF WA
- No. 3 (D) HOME CARE COALITION
12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____ Employer Represented _____

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

6/15/05

CONTINUE ON REVERSE

EXHIBIT #5
 29 of 57

Lobbyist Name

Reporting
Period

(Month)

(Year)

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$100
N/A Total expenses itemized on attached Memo Reports				

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
5/1/05	WA STATE DEMOCRATS	NICK FEDERICI	\$ 31
5/1/05	CAROLYN EDMONDS	NICK FEDERICI	\$100
5/21/05	THURSTON COUNTY DEMOCRATS	NICK FEDERICI	\$340
5/3/05	DARLENE MADENWALD	NICK FEDERICI	\$100
5/05	HEALTHY INDOOR AIR FOR ALL WA (I-901) - IN KIND	AMERICAN LUNG ASSOC OK WA	\$2000
N/A Total contributions itemized on attached Memo Reports			

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name:

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$
N/A			

☐ Continued on attached page.

EXHIBIT #5
30 of 57

L2
1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report
(as required by Chapter 397, 1995 Session Laws)

RECEIVED

JUN 20 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
Mailing Address 2927 COVERFIELD DR SE
City OLYMPIA State WA Zip + 4 98501
New Address? ☐ Yes ☒ No
2. This report is for the period 05 (Month) 05 (Year) This report corrects or amends the report for (Month) (Year)
Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,900</u>		\$ <u>3200</u>	\$ <u>100</u>	\$ <u>500</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2571</u>	\$ <u>571</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>13,471</u>	\$ <u>571</u>	\$ <u>3200</u>	\$ <u>100</u>	\$ <u>500</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE
No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
No. 6 (D) CHOICE REGIONAL HEALTH NETWORK

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: 6/1/05 Employer's name: CHOICE REGIONAL HEALTH NETWORK

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.
CERTIFICATION
LOBBYIST SIGNATURE [Signature] DATE 6/15/05

CONTINUE ON REVERSE

EXHIBIT # 5
31 of 57

Lobbyist Name _____

Reporting
Period _____

(Month) _____

(Year) _____

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
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- Enrollment and course fees in connection with a seminar or educational program.

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Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
N/A Total expenses itemized on attached Memo Reports				

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$
N/A Total contributions itemized on attached Memo Reports			

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$
N/A Total payments itemized on attached Memo Reports			

☐ Continued on attached page.

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED
JUN 20 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CONVENFIELD DR SE
 City OLYMPIA State WA Zip + 4 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period (Month) (Year) This report corrects or amends the report for (Month) (Year) Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>2</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>9</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,900</u>		\$ <u>1250</u>	\$ <u>1000</u>	\$ <u>1100</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2571</u>	\$ <u>571</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>13,471</u>	\$ <u>571</u>	\$ <u>1250</u>	\$ <u>1000</u>	\$ <u>1100</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 2 (B) WA TOXICS COALITION
 No. 8 (C) ARNPS UNITED
 No. 9 (D) NATIONAL ASSN OF SOCIAL WORKERS - WA CHAPTER
 12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: 6/1/05 Employer's name: ARNPS UNITED
6/1/05 NASW - WA CHAPTER

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge. CERTIFICATION LOBBYIST SIGNATURE [Signature] DATE 6/15/05

CONTINUE ON REVERSE

EXHIBIT #5
33 of 57

Lobbyist Name _____

Reporting
Period _____

(Month) _____

(Year) _____

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

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Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
N/A Total expenses itemized on attached Memo Reports				

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$
N/A Total contributions itemized on attached Memo Reports			

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

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Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$
N/A Total payments itemized on attached Memo Reports			

☐ Continued on attached page.

L2
 1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED
JUN 20 2005

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip + 4 _____
 New Address? ☐ Yes ☒ No
 2. This report is for the period 05 05 (Month) (Year)
 This report corrects or amends the report for _____ (Month) (Year)
 Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>10</u> Column B	Employer No. _____ Column C	Employer No. _____ Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,900</u>		\$ <u>2000</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2571</u>	\$ <u>571</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>13,471</u>	\$ <u>571</u>	\$ <u>2000</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 10 (B) FAIRFAX HOSPITAL
 No. _____ (C)
 No. _____ (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____

Employer Represented _____

SEE ATTACHED

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: 6/1/05 Employer's name: FAIRFAX HOSPITAL

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

[Signature]

6/15/05

CONTINUE ON REVERSE

EXHIBIT # 5
35 of 57

Reporting Period	<u> </u> (Month)	<u> </u> (Year)
---------------------	------------------------------	-----------------------------

- | Date | Names of all Persons Entertained or Provided Travel, etc. | Description, Place, etc. | Sponsoring Employer | Amount |
|------|---|--------------------------|---------------------|--------|
| | | | | |

18. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
			\$
N/A	Total contributions itemized on attached Memo Reports		

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

PAC Name:

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related, must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount

☐ Continued on attached page.

EXHIBIT #5
36 of 57

L2
1/02

Lobbyist Monthly Expense Report
(as required by Chapter 397, 1995 Session Laws)

RECEIVED
AUG 10 2005
Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
Mailing Address 2927 CLOVERFIELD DR SE
City OLYMPIA State WA Zip + 4 98501
New Address? ☐ Yes ☒ No
2. This report is for the period JUNE 2005 This report corrects or amends the report for (Month) (Year) (Month) (Year)
Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>7400</u>		\$ <u>500</u>	\$ <u>500</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	<u>2530</u>	\$ <u>530</u>	\$ <u>2000</u>		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>9930</u>	\$ <u>530</u>	\$ <u>2500</u>	\$ <u>500</u>	\$ <u>1000</u>

- (Attach additional page(s) if you lobby for more than three employers.)
11. EMPLOYERS' NAMES
No. 1 (B) AMERICAN LUNG ASSOC OF WA
No. 2 (C) MIDWIVES ASSOC OF WA STATE
No. 3 (D) HOME CARE COALITION
12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____ Employer Represented _____

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____

Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
LOBBYIST SIGNATURE

DATE

7/15/05
CONTINUE ON NEXT PAGE

EXHIBIT #5

37 of 57

Lobbyist Name

NICK FEDERICI

Reporting
PeriodJUNE
(Month)2005
(Year)

AUG 10 2005

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of the public disclosure commission. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$

N/A Total expenses itemized on attached Memo Reports

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
6/1/05	WA STATE DEMOCRATS	NICK FEDERICI	\$ 50
6/6/05	HEALTHY INDOOR AIR FOR ALL WASHINGTON (I-901)	NICK FEDERICI	500
6/1/05	HEALTHY INDOOR AIR FOR ALL WASHINGTON (I-901)	AMERICAN LUNG ASSOCIATION OF WASHINGTON - IN KIND	2000

N/A Total contributions itemized on attached Memo Reports

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.
18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$

☐ Continued on attached page

L2
 1/02

PDC OFFICE USE

RECEIVED

AUG 10 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip + 98501
 New Address? ☐ Yes ☒ No
 2. This report is for the period JUNE 2005 (Month) (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone (360) 357-4908

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>7400</u>		\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	<u>2530</u>	<u>530</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>9930</u>	\$ <u>530</u>	\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE
 No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
 No. 6 (D) WA TOBACCO COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
 LOBBYIST SIGNATURE [Signature] DATE 7/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
39 of 57

L2
 1/02

PDC OFFICE USE

RECEIVED

AUG 10 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DR SE
 City OLYMPIA State WA Zip 98501
 New Address? ☐ Yes ☐ No
 2. This report is for the period JUNE 2005 (Month) (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone () -

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>2</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>2400</u>		\$ <u>1100</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	<u>2530</u>	<u>530</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>9930</u>	\$ <u>530</u>	\$ <u>1100</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 2 (B) NATIONAL ASSOC OF SOCIAL WORKERS - WA CHAPTER
 No. (C)
 No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50% State Agencies 50%

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION
 I certify that this report is true and complete to the best of my knowledge.
 LOBBYIST SIGNATURE [Signature] DATE 7/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
40 of 57

L2
 1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED

SEP 27 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DR SE

City OLYMPIA State WA Zip + 4 98501

2. This report is for the period AUGUST 2005 (Month) (Year)

This report corrects or amends the report for (Month) (Year)

New Address? ☐ Yes ☒ No

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>7400</u>		\$ <u>500</u>	\$ <u>250</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	\$ <u>205</u>	\$ <u>205</u>			
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2031</u>	\$ <u>31</u>	\$ <u>2000</u>		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>9636</u>	\$ <u>236</u>	\$ <u>2500</u>	\$ <u>250</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 1 (B) AMERICAN LUNG ASSOCIATION OF WASHINGTON
- No. 2 (C) MIDWIVES ASSOCIATION OF WASHINGTON STATE
- No. 3 (D) HOME CARE COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. HEALTH CARE ACCESS
- Legislative Committee or State Agency Considering Matter TODAPCO CONTROL

Employer Represented

1,7
1,4
1

INITIATIVE 901

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
 LOBBYIST SIGNATURE

DATE

9/22/05

CONTINUE ON NEXT PAGE

EXHIBIT #5

41 of 57

L2
 1/02

PDC OFFICE USE

RECEIVED

SEP 27 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name: NICK FEDERICI

Mailing Address: 2927 CUMBERFIELD DRIVE SE

City: OLYMPIA State: WA Zip + 4: 98501

2. This report is for the period: AUGUST 2005 (Month) (Year)

This report corrects or amends the report for: (Month) (Year)

Business Telephone: (360) 481-1936

New Address? ☐ Yes ☒ No

ALL COMPLETE THIS PART **COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER**

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period. Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>7400</u>		\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	\$ <u>205</u>	\$ <u>205</u>			
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>631</u>	\$ <u>31</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>9636</u>	\$ <u>236</u>	\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE

No. 5 (C) RESPIRATORY CARE SOCIETY OF WA

No. 6 (D) WA TOXICS COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. HOUSING POLICY + FUNDING

Legislative Committee or State Agency Considering Matter LICENSING ISSUES

Employer Represented 4

2, 3, 5, 7

6

TOXIC CHEMICALS

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____ Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE: [Signature]

DATE: 9/22/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
 42 of 57

L2
 1/02

POC OFFICE USE

RECEIVED
SEP 27 2005

Public Disclosure Commission

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DRIVE SE

City OLYMPIA State WA Zip + 4 98501

New Address? ☐ Yes ☒ No

2. This report is for the period AUGUST 2005 (Month) (Year)

This report corrects or amends the report for (Month) (Year)

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>?</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>7400</u>		\$ <u>1100</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)	\$ <u>205</u>	\$ <u>205</u>			
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2031</u>	\$ <u>31</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>9636</u>	\$ <u>236</u>	\$ <u>1100</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. ? (B) NATIONAL ASSN OF SOCIAL WORKERS

No. (C)

No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. _____ Legislative Committee or State Agency Considering Matter _____

Employer Represented _____

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____

Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
 LOBBYIST SIGNATURE _____

DATE

9/22/05

CONTINUE ON NEXT PAGE

EXHIBIT #8
43 of 57

Lobbyist Name

NICK FEDERICI

Reporting
Period

AUGUST 2005

SEP 27 2005

Public Disclosure Commission

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.

- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
- Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
- Enrollment and course fees in connection with a seminar or educational program.

Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
8/18/05	PLEASE REFER TO L-2 OF BECKY BOGARD + ASSOC	KELL'S, SEATTLE	SELF	\$ 205

N/A Total expenses itemized on attached Memo Reports

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
8/1/05	HEALTHY INDOOR AIR FOR ALL WASHINGTON (I-90)	AMERICAN LUNG ASSOCIATION OF WASHINGTON (IN KIND)	\$ 2000
8/1/05	WA STATE DEMOCRATS	NICK FEDERICI	\$ 31

N/A Total contributions itemized on attached Memo Reports

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
			\$

☐ Continued on attached page.

EXHIBIT #5
44 of 57



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

L2
 1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

RECEIVED

DEC 02 2005

1. Lobbyist Name

NICK FEDERICI

Mailing Address

2927 CLOVERFIELD DRIVE SE

City OLYMPIA

State WA

Zip + 4 98501

Public Disclosure Commission

New Address? ☐ Yes ☒ No

2. This report is for the period

SEPT 2005
 (Month) (Year)

This report corrects or amends the report for

(Month) (Year)

Business Telephone

(360) 481-1936

ALL COMPLETE THIS PART

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>9400</u>		\$ <u>500</u>	\$ <u>250</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2130</u>	\$ <u>130</u>	\$ <u>2000</u>		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>11,530</u>	\$ <u>130</u>	\$ <u>2500</u>	\$ <u>250</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

- No. 1 (B) AMERICAN LUNG ASSOCIATION OF WA
 No. 2 (C) MIDWIVES ASSOCIATION OF WA STATE
 No. 3 (D) HOME CARE COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter

Employer Represented
1, 5
1, 7
2, 5, 7

TOBACCO CONTROL
HEALTH CARE ACCESS
LICENSING

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
 LOBBYIST SIGNATURE

DATE

10/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
45 of 57

L2

1/02

Lobbyist Monthly Expense Report
(as required by Chapter 397, 1995 Session Laws)

RECEIVED

DEC 02 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
Mailing Address 2927 COVERFIELD DRIVE SE
City OLYMPIA State WA Zip + 4 98501
New Address? ☐ Yes ☒ No
2. This report is for the period SEPT 2005 This report corrects or amends the report for (Month) (Year) (Month) (Year)
Business Telephone 360 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>9400</u>		\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2130</u>	\$ <u>130</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>11,530</u>	\$ <u>130</u>	\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE
No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
No. 6 (D) WA TOXICS COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
Subject Matter, Issue or Bill No. HOUSING POLICY + FUNDING
Legislative Committee or State Agency Considering Matter POLLUTION PREVENTION + CLEANUP
LONG-TERM CARE

Employer Represented

4
1, 6
3

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
LOBBYIST SIGNATURE

DATE

10/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
46 of 57

L2
1/02

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED

DEC 02 2005

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 CLOVERFIELD DRIVE SE
 City OLYMPIA State WA Zip + 4 98501
 Public Disclosure Commission
 New Address? ☐ Yes ☒ No
 2. This report is for the period SEPT 2005 (Month) (Year)
 This report corrects or amends the report for (Month) (Year)
 Business Telephone 360 481 1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>2</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>9400</u>		\$ <u>1100</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2130</u>	\$ <u>130</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>11,530</u>	\$ <u>130</u>	\$ <u>1100</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
 No. 7 (B) NATIONAL ASSOCIATION OF SOCIAL WORKERS - WA CHAPTER
 No. (C)
 No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter

Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION
 I certify that this report is true and complete to the best of my knowledge.
 LOBBYIST SIGNATURE [Signature] DATE 10/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
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Lobbyist Name

NICK FEDERICI

Reporting
PeriodSEPT 2005
(Month) (Year)

DEC 02 2005

Public Disclosure Commission

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.
- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
 - Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
 - Enrollment and course fees in connection with a seminar or educational program.
- Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount \$
N/A	Total expenses itemized on attached Memo Reports			

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
8/1/05	WA STATE DEMOCRATS	NICK FEDERICI	\$ 30
9/05	HEALTHY INDOOR AIR FOR ALL WASHINGTON	AMERICAN LUNG ASSOC OF WA	\$ 2000
9/19/05	HOUSE DEMOCRATIC CAMPAIGN COMMITTEE	NICK FEDERICI	\$ 100
N/A	Total contributions itemized on attached Memo Reports		

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.
18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount \$

☐ Continued on attached page.

EXHIBIT #5
48 of 57



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

L2
 1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report (as required by Chapter 397, 1995 Session Laws)

RECEIVED

DEC 02 2005

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DR SE

City OLYMPIA State WA Zip + 4 98501

2. This report is for the period OCT 2005 This report corrects or amends the report for (Month) (Year) (Month) (Year)

Public Disclosure Commission

New Address? ☐ Yes ☒ No

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,150</u>		\$ <u>500</u>	\$ <u>250</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2052</u>	\$ <u>52</u>	<u>2000</u>		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>12,202</u>	\$ <u>52</u>	\$ <u>2500</u>	\$ <u>250</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. 1 (B) AMERICAN LUNG ASSOC OF WA

No. 2 (C) MIDWINTER ASSOC OF WA STATE

No. 3 (D) HOME CARE COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. TOBACCO CONTROL

Legislative Committee or State Agency Considering Matter HEALTH CARE ACCESS

Employer Represented 1,5

1,7,8

2,5,7

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50% State Agencies 50%.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: _____ Employer's name: _____

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

CERTIFICATION

I certify that this report is true and complete to the best of my knowledge.

LOBBYIST SIGNATURE [Signature]

DATE 11/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
 49 of 57



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

L2
1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

RECEIVED

DEC 02 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
Mailing Address 2927 COVERFIELD DR SE
City OLYMPIA State WA Zip + 4 98501
New Address? ☐ Yes ☒ No
2. This report is for the period OCT 2005 This report corrects or amends the report for (Month) (Year) (Month) (Year)
Business Telephone 360 481 1936

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,150</u>		\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>252</u>	\$ <u>12</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>12,302</u>	\$ <u>12</u>	\$ <u>3200</u>	\$ <u>100</u>	\$ <u>1250</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
No. 4 (B) WA LOW-INCOME HOUSING ALLIANCE
No. 5 (C) RESPIRATORY CARE SOCIETY OF WA
No. 6 (D) WA TOXICS COALITION

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

HOUSING POLICY FUNDING
POLLUTION PREVENTION + CLEANUP
LONG-TERM CARE

4
1, 6
3, 8

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
LOBBYIST SIGNATURE

DATE

11/15/05
CONTINUE ON NEXT PAGE

EXHIBIT #5
50 of 57

L2
 1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report
 (as required by Chapter 397, 1995 Session Laws)

RECEIVED

DEC 02 2005

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI
 Mailing Address 2927 COVERFIELD DR SE
 City OLYMPIA State WA Zip 98501
 2. This report is for the period OCT 2005 This report corrects or amends the report for (Month) (Year) (Month) (Year)
 New Address? ☐ Yes ☐ No
 Business Telephone () -

ALL COMPLETE THIS PART			COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER		
Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period			Amount attributed to each employer		
Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>2</u> Column B	Employer No. <u>1</u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ <u>10,150</u>		\$ <u>1100</u>	\$ <u>750</u>	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ <u>2052</u>	\$ <u>52</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ <u>12,202</u>	\$	\$ <u>1100</u>	\$ <u>250</u>	\$

11. EMPLOYERS' NAMES
 No. 7 (B) NATIONAL ASSOC OF SOCIAL WORKERS - WA CHAPTER
 No. 8 (C) NATIONAL MULTIPLE SCLEROSIS SOCIETY - GREATER WA CHAPTER
 No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
 Subject Matter, Issue or Bill No. Legislative Committee or State Agency Considering Matter Employer Represented

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends: Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.
 CERTIFICATION LOBBYIST SIGNATURE [Signature] DATE 11/15/05

CONTINUE ON NEXT PAGE

EXHIBIT #5
51 of 57



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

L2
1/02

PDC OFFICE USE

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

RECEIVED

JAN 10 2006

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI		
Mailing Address 2927 CLOVERFIELD DR SE		
City OLYMPIA	State WA	Zip + 4 98501
2. This report is for the period Nov 05 (Month) (Year)	This report corrects or amends the report for (Month) (Year)	New Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Business Telephone (360) 481-1936

ALL COMPLETE THIS PART

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>2</u> Column C	Employer No. <u>3</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$ 15,400		\$ 2000	\$ 250	\$ 1000
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)	\$ 800	\$ 300	\$ 500		
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$ 16,200	\$ 300	\$ 2500	\$ 250	\$ 1000

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 1 (B) **AMERICAN LUNG ASSN OF WA**
- No. 2 (C) **MIDWIVES ASSN OF WA STATE**
- No. 3 (D) **HOME CARE COALITION**

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

TOBACCO CONTROL
HEALTH CARE ACCESS
LICENSING

1, 5
1, 2, 7, 9, 10
2, 5, 7

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50% State Agencies 50%.

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

1/9/06

EXHIBIT # **5**
53 of **57**

CONTINUE ON NEXT PAGE

L2
1/02

PDC OFFICE USE

RECEIVED

JAN 10 2006

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI		
Mailing Address 2927 CLOVERFIELD DR SE		
City OLYMPIA	State WA	Zip + 4 98501
2. This report is for the period NOV 05 (Month) (Year)	This report corrects or amends the report for (Month) (Year)	New Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Business Telephone (360) 481-1936

ALL COMPLETE THIS PART

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>4</u> Column B	Employer No. <u>5</u> Column C	Employer No. <u>6</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ 3200	\$ 100	\$ 2500
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)		300			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$ 300	\$ 3200	\$ 100	\$ 2500

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 4 (B) **WA LOW-INCOME HOUSING ALLIANCE**
No. 5 (C) **RESPIRATORY CARE SOCIETY OF WA**
No. 6 (D) **WA TOXICS COALITION**

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No.

Legislative Committee or State Agency Considering Matter

Employer Represented

HOUSING + HOMELESSNESS
WAGES + BENEFITS
POLLUTION PREVENTION + CLEANUP

4, 10
3
6

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

I understand that an L-2 report is required for any month or portion thereof in which I am a registered lobbyist. I also understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future. All registrations terminate automatically on the second Monday in January of each odd numbered year.

I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION
LOBBYIST SIGNATURE

DATE

1/9/06

EXHIBIT #5

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CONTINUE ON NEXT PAGE

L2

1/02

RECEIVED

JAN 10 2006

Public Disclosure Commission

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

1. Lobbyist Name NICK FEDERICI		
Mailing Address 2927 COVERFIELD DR SE		
City OLYMPIA	State WA	Zip + 4 98501
2. This report is for the period NOV (Month) 05 (Year)		This report corrects or amends the report for (Month) (Year)
		New Address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Business Telephone (360) 481-1936

ALL COMPLETE THIS PART

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>1</u> Column B	Employer No. <u>8</u> Column C	Employer No. <u>9</u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ <u>1100</u>	\$ <u>2000</u>	\$ <u>1000</u>
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)		<u>300</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$ <u>300</u>	\$ <u>1100</u>	\$ <u>2000</u>	\$ <u>1000</u>

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES
- No. 7 (B) **NATIONAL ASSN OF SOCIAL WORKERS**
- No. 8 (C) **FAIRFAX HOSPITAL**
- No. 9 (D) **NATIONAL MULTIPLE SCLEROSIS SOCIETY**

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.
- Subject Matter, Issue or Bill No. **MENTAL HEALTH DISABILITIES ISSUES**
- Legislative Committee or State Agency Considering Matter

Employer Represented

7, 8, 9
9

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

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I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

1/9/06

EXHIBIT #5

55 of 57

CONTINUE ON NEXT PAGE

L2

1/02

Lobbyist Monthly Expense Report

(as required by Chapter 397, 1995 Session Laws)

RECEIVED

JAN 10 2006

Public Disclosure Commission

1. Lobbyist Name NICK FEDERICI

Mailing Address 2927 CLOVERFIELD DR SE

City OLYMPIA State WA Zip + 4 98501

2. This report is for the period NOV (Month) 05 (Year) This report corrects or amends the report for (Month) (Year)

New Address? ☐ Yes ☒ No

Business Telephone (360) 481-1936

ALL COMPLETE THIS PART

COMPLETE IF YOU HAVE MORE THAN ONE EMPLOYER

Include all reportable expenditures by lobbyist and lobbyist's employer for or on behalf of the lobbyist incurred during the reporting period

Amount attributed to each employer

Expense Category	TOTAL AMOUNT THIS MONTH All employers plus own expense (Columns a + b + c + d and attached pages)	Amounts paid from lobbyist's own funds, not reimbursed or attributed to an employer. Column A	Employer No. <u>10</u> Column B	Employer No. <u> </u> Column C	Employer No. <u> </u> Column D
3. COMPENSATION earned from employer for lobbying this period (salary, wages, retainer)	\$		\$ <u>2250</u>	\$	\$
4. PERSONAL EXPENSES for travel, food and refreshments		\$			
5. ENTERTAINMENT, GRATUITIES, TRAVEL, SEMINARS for state officials, employees, their families (See #15)					
6. CONTRIBUTIONS to elected officials, candidates and political committees (See #16)		<u>300</u>			
7. ADVERTISING, PRINTING, INFORMATIONAL LITERATURE					
8. POLITICAL ADS, PUBLIC RELATIONS, POLLING, TELEMARKETING, ETC. (See #17)					
9. OTHER EXPENSES AND SERVICES (See #18)					
10. TOTAL COMPENSATION AND EXPENSES INCURRED THIS MONTH	\$	\$ <u>300</u>	\$ <u>2250</u>	\$	\$

(Attach additional page(s) if you lobby for more than three employers.)

11. EMPLOYERS' NAMES

No. 10 (B) UNITED WAY OF KING COUNTY

No. (C)

No. (D)

12. Subject matter of proposed legislation or other legislative activity or rulemaking the lobbyist was supporting or opposing.

Subject Matter, Issue or Bill No. EARLY LEARNING EMERGENCY MGMT

Legislative Committee or State Agency Considering Matter

Employer Represented

10
10

☐ Continued on attached pages

13. Of the time spent lobbying, what percentage was devoted to lobbying: the Legislature 50 % State Agencies 50 %

14. TERMINATION: (COMPLETE THIS ITEM ONLY IF YOU WISH TO TERMINATE YOUR REGISTRATION)

Date registration ends:

Employer's name:

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I certify that this report is true and complete to the best of my knowledge.

CERTIFICATION

LOBBYIST SIGNATURE

DATE

1/9/06

EXHIBIT #5

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CONTINUE ON NEXT PAGE

Lobbyist Name

Reporting
PeriodNOV
(Month)05
(Year)

JAN 10 2006

NICK FEDERICI

15. Itemize all of the following expenditures that were incurred by lobbyist or lobbyist employer(s) for legislators, state officials, state employees and members of their immediate families. Show the actual amount incurred for each individual or the amount fairly attributed to each.
- Entertainment expenditures exceeding \$25 per occasion (including lobbyist's expense) for meals, beverages, tickets, passes, or for other forms of entertainment.
 - Travel, lodging and subsistence expenses in connection with a speech, presentation, appearance, trade mission, seminar or educational program.
 - Enrollment and course fees in connection with a seminar or educational program.
- Lobbyists must provide an elected official with a copy of the L-2 or Memo Report if the lobbyist reports: 1) spending on one occasion over \$50 for food or beverages for the official and/or his or her family member(s); or 2) providing travel, lodging, subsistence expenses or enrollment or course fees for the official and, if permitted, the official's family.

Public Disclosure Commission

Date	Names of all Persons Entertained or Provided Travel, etc.	Description, Place, etc.	Sponsoring Employer	Amount
				\$
N/A Total expenses itemized on attached Memo Reports				

☐ Continued on attached pages.

16. If a monetary or in-kind contribution exceeding \$25 was given or transmitted by the lobbyist to any of the following, itemize the contribution below or on a Memo Report: local and state candidates or elected officials; local and state officers or employees; political committees supporting or opposing any candidate, elected official, officer or employee or any local or state ballot proposition. If a contribution exceeding \$25 was given to the following, itemize the contribution below: a caucus political committee; a political party; or a grass roots lobbying campaign.

Date	Name of Individual or Committee Receiving Contribution	Source of Contribution	Amount
11/1	HEALTHY INDOOR AIR FOR ALL WA (I-901) - IN KIND	LUNA ASSN OF WA	\$ 500
11/1	HOUSE DEMOCRATIC CAMPAIGN COMMITTEE	NICK FEDERICI	\$150
11/26	CHILDREN'S CAMPAIGN FUND	NICK FEDERICI	\$150
N/A Total contributions itemized on attached Memo Reports			

If contributions were made directly by a political action committee associated, affiliated or sponsored by your employer, show name of the PAC below. (Information reported by PAC on C-4 report need not be again included in this L-2 report.)

☐ Continued on attached pages.

PAC Name: _____

17. Expenditures for: a) political advertising supporting or opposing a state or local candidate or ballot measure; or b) public relations, telemarketing, polling or similar activities that directly or indirectly are lobbying-related must be itemized by amount, vendor or person receiving payment, and a brief description of the activity. Itemize each expenditure on an attached page that also shows lobbyist name and report date. Put the aggregate total of these expenditures on line 8.

18. Payments by the lobbyist for other lobbying expenses and services, including payments to subcontract lobbyists, expert witnesses and others retained to provide lobbying services or assistance in lobbying and payments for grass roots lobbying campaigns (except advertising/printing costs listed in Item 7).

Date	Recipient's Name and Address	Employer for Whom Expense was Incurred	Amount
NOV 05	ALIA GLIKING 6240 LARIAT LOOP BAINBRIDGE ISLAND, WA 98110		\$ 2000 -

☐ Continued on attached page.EXHIBIT #5
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